

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/525583**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		2				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
18		2				
19	1					
20		1				
21		1				
22		1				
23		1				
24		1				
25		2				
26		2				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	4					
TOTAL DEP.		39				
TOTAL CLAIMS		43				

	* W		* W		* W	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS